This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 10-16-08			Address:	
Case#:	PC 08-083D	4 n	Address	301 Co. Live AD.
County.	62 Y3Z60			רעב עפיראפיה באי
	POSEY @			co, or possy
		1. 7:		
Type of La	<u>boratory Seizure</u> (check o	one)	Scizure Loca	ition (check all that apply)
Operatio	nal Lab	•	Residence	
Chemica	l/Glassware/Equipment (only)	Outhuildir	I I A TO LOW " VALUE ()
Dumpsit	e (only)		Vehicle	Other:
		:		IN FIELD
<u>Items Found</u>	d (check all that apply)		Child under	age 18 discovered (check one)
Lithium/Ammonia Reaction(s)			Yes	
_t Red Phos	sphorous/Iodine Reaction(Ic Solvents	(s)		(number present)
Water Re	active Metal (Lithium)		*If yes, fax repor	t to Child Protective Services
Ar)liydrot لي لي	is Ammonia			
☐ Hydrochle	oric Acid Gas Generator(s) .		
Corrosive		•		
Other:				
			•	
This report is	s to be faxed to the follo	(d======		
Fire Departme	ent			
Health Depart	•	12 24 Park	2 <u>5200 1724 '8</u>	Not. F.D _ Fax _ 485- 9357
	•	<u>602€A</u>	<u>e.s.</u> ,	Fax 838 8561
Cinta Protecti	ve Scrvices Department:		<u>~</u>	
				<u> </u>
Por further inf	Ofmation reparding this w	4.56b 1		
oelow.	- same on regerang this in	emamphet	amine laborator	y, contact the investigating officer list
nvestigating ()	officer:	el. O)_	•
	- 		<u> </u>	Phone 812-838, 8675
* This form is	to be faxed to the Piece Press.	7	_	Prione 812-838, 8675
listed within	24 hours of scene processing.	ment, Health	Department and/or	Child Protective Services Department
	and seasonie, a	ша а сору зе	nt to the Clandestir	te Laboratory Team Leader for retention,